function by echocardiography. After exclusion of patients in whom Angiotensin Converting Enzyme (ACE) inhibitors were contraindicated, only seventy-five (58%) patients received ACE inhibitors of whom, only 7 (9%) patients received the target dose recommended by the clinical practice guidelines. There was no documentation in the records regarding patient counselling about medication, diet, weight, exercise or smoking. **CONCLUSION:** ACE inhibitors were underused in elderly patients with heart failure; also achieving the target dose was poor. This data demonstrated a very low rate of use of echocardiography in elderly patients with heart failure. Counseling appeared to be a neglectedaspect of patient care.

PCV13

IMPACT ON QUALITY ADJUSTED LIFE YEARS OF ENOXAPARIN FOR PREVENTING THROMBOSIS AMONG HOSPITALIZED MEDICAL PATIENTS

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OBJECTIVES: Prophylactic anticoagulants, such as low molecular weight heparin, to prevent thrombosis in hospitalized medical patients has been recommended in clinical guidelines, however the impact on quality adjusted life years (QALYs) is unclear. This pilot study evaluated enoxaparin for this indication among elderly (>age 59) hospitalized medical patients. **METHODS:** Patients were randomized to receive subcutaneous injections of enoxaparin 30 mg or placebo daily. Patients who had medical indications for anticoagulation (e.g., myocardial infarction, history of thrombosis) were excluded. QALYs were measured for the period of 30 to 90 days post randomization, using the Health Utilities Index(HUI). At 30 and 90 days, 51 and 40 patients in the active group completed the HUI versus 49 and 36 patients in the placebo group, respectively. Surveys were received at both time points among 40 enoxaparin and 21 placebo patients. QALYs and changes in domain scores were analyzed over the time between the two surveys. Data were analyzed using t-tests. **RESULTS:** Significantly more QALYs were gained ($p = .007$)among enoxaparin treated patients. The mean QALY values were 0.005 ± 0.015 vs -0.008 ± 0.015. The change in the HUI, Mark III domain score for ambulation approached significance ($p = 0.053$. The mean values were 0.012 ± 0.098 for enoxaparin versus -0.027 ± 0.056 for placebo. A significant change in the HUI, Mark II domain score for mobility was found ($p = 0.017$, mean values 0.015 ± 0.064 versus -0.022 ± 0.050). **CONCLUSION:** Among medical patients prophylactic treatment with enoxaparin was associated with increased QALYs.

PCV14

IMPACT OF OBESITY ON HEALTH-RELATED QUALITY OF LIFE (HRQOL): AN ANALYSIS OF BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA

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OBJECTIVES: With over one-third of the population considered to be obese, obesity has reached epidemic proportions in the US The direct costs associated with obesity are currently estimated at about $238 billion. As the underlying cause of various chronic diseases, obesity negatively impacts quality of life due to impaired physical and mental well being and reduced daily functions. The objective of this study is to evaluate the relationship between obesity and health-related quality of life using the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) data. **METHODS:** The BRFSS is an ongoing, state-based, random digit dialed telephone survey of the civilian, non-institutionalized population aged ^{3} 18 years conducted by CDC. Data from sixteen states that collected information on health status (4 items), HRQoL (10 items), and demographic characteristics including weight and height from 50,454 participants in 1998 were utilized for the analysis. Participants who had a Body Mass Index (BMI) ^{3} 30 were defined as obese. Prevalence of obesity by demographics and disease presence was determined, as were corresponding HRQoL scores. **RESULTS:** On the basis of BMI, 31.9% of the respondents were identified as obese. Obesity was higher in males as compared to females and higher among African-Americans and Hispanics as compared to whites. Obesity increased with age but decreased as income and education increased. Obese respondents reported poorer health status. Impact of obesity on HRQoL due to reduced physical and mental functioning in the presence of no health problems, as well as in presence of self-reported major health problems such as arthritis, cardiovascular disease, diabetes, cancer, depression, and pulmonary disease is discussed. **CONCLUSIONS:** Health related quality of life is significantly affected due to obesity and should be an important consideration in the treatment of obesity. It also has important implications in case of illnesses that have obesity as an underlying cause.

PCV15

ECONOMIC EVALUATION OF OUTPATIENT ANTICOAGULANT/ANTIPLATELET THERAPY FOLLOWING CORONARY STENTING IN A MANAGED CARE POPULATION

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OBJECTIVE: To determine the impact of outpatient anticoagulant/antiplatelet therapy on treatment charges in